

Given name added by supplemental report

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

State File No.

Registered No.

1. PLACE OF BIRTH

County Apache State Arizona
 Township or Village
 City St. Johns No. St. Ward
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Augustus Farr { If child is not yet named, make supplemental report, as directed

3. Sex Male If plural births { 4. Twins, triplets, or other 5. Number, in order of birth
 6. Premature Full term X 7. Legitimate yes 8. Date of birth April 10, 1932
 (Month, day, year)

9. Full name FATHER David Ernest Farr 18. Full maiden name MOTHER Natalia Smith

10. Residence (usual place of abode) (If nonresident, give place and State) St. Johns, Ariz. 19. Residence (usual place of abode) (If nonresident, give place and State) St. Johns, Ariz.

11. Color or race White Age at last birthday 36 (Years) 20. Color or race White Age at last birthday 38 (Years)

13. Birthplace (city or place) (State or country) St. Johns, Arizona 22. Birthplace (city or place) (State or country) Snowflake, Arizona

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Garrison 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

16. Date (month and year) last engaged in this work 17. Total time (years) spent in this work all his life 25. Date (month and year) last engaged in this work 26. Total time (years) spent in this work 15 yrs

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 9 (b) Born alive but now dead 0 (c) Stillborn 0

28. If stillborn, period of gestation { months or weeks 29. Cause of stillbirth Before labor During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 1:00 p. m. on the date above stated (Born alive or stillborn)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) J. J. Douldin, M. D.or J. J. Douldin, MidwifeAddress St. Johns, Ariz.Filed 5-5 19 32 Laranne Cowley Registrar

Given name added from a supplemental report.

(Date of)

169-410-528

Registrar.